

Exhibit “A”

<p>CHARGE OF DISCRIMINATION</p> <p>This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.</p>		<p><input checked="" type="checkbox"/> FEPA</p> <p><input checked="" type="checkbox"/> EEOC</p>	<p>12106</p> <p>37B-A3-00285</p>
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Hawaii Civil Rights Commission and EEOC
State or local Agency, if any

<p>NAME (Indicate Mr., Ms., Mrs.)</p> <p>Mr. Robert W. Sherez</p>	<p>HOME TELEPHONE (Include Area Code)</p> <p>(808) 596-9145</p>
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<p>STREET ADDRESS</p> <p>715 Pensacola Street, No. 2</p>	<p>CITY, STATE AND ZIP CODE</p> <p>Honolulu, HI 96814</p>	<p>DATE OF BIRTH</p>
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NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

<p>NAME</p> <p>State of Hawaii, Department of Education</p>	<p>NUMBER OF EMPLOYEES, MEMBERS</p> <p>15+</p>	<p>TELEPHONE (Include Area Code)</p> <p>(808) 233-5700</p>
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<p>STREET ADDRESS</p> <p>46-169 Kamehameha Highway</p>	<p>CITY, STATE AND ZIP CODE</p> <p>Kaneohe HI 96744</p>	<p>COUNTY</p> <p>003</p>
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<p>NAME</p>	<p>TELEPHONE (Include Area Code)</p>
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<p>STREET ADDRESS</p>	<p>CITY, STATE AND ZIP CODE</p>	<p>COUNTY</p>
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<p>CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))</p> <p> <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify) </p>	<p>DATE DISCRIMINATION TOOK PLACE</p> <p>EARLIEST _____ LATEST 2/28/03</p> <p><input type="checkbox"/> CONTINUING ACTION</p>
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THE PARTICULARS ARE (If additional space is needed attach extra sheet(s):

- I. During the course of my employment, I was subjected to unequal terms and conditions of employment, the last incident occurring on or about February 28, 2003, when I was terminated from my teaching position at the McKinley Adult Community School. I was employed since 1988 and was working as a Home and Hospital Tutor and GED Instructor, earning \$14.39 hourly.
- II. In Spring 2002, Virginia Soares, Windward District Secretary, told me that I was taken off the case of a pregnant student because I am a male and this student is a female. Sarah Gronah, Vice Principal at Castle High School, told me that males cannot tutor pregnant students. Ira Ilson, Counselor at Castle High School, told me that he wouldn't be able to assign me a pregnant student to tutor because Ms. Gronah told him that no male may tutor a female student.

When I asked for more assignments, Ms. Gronah told me that I have one assignment already and that's it. Regarding not being allowed to attend IEP meetings for my students, Mr. Soares told me that Ms. Gronah told her that I cannot attend because I am not the student's teacher—I'm only their tutor. No reasons were given as to why the course work was increased and the tutoring hours decreased.

Page 1 of 3

<p><input checked="" type="checkbox"/> I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.</p>	<p>NOTARY - (When necessary for State & local)</p> <p>I swear or affirm that I have read the above charge with knowledge, information and belief</p> <p align="right">1 DISC 571</p>
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<p>I declare under penalty of perjury that the following is true and correct</p> <p>Charging Party (signature)</p>	<p>SIGNATURE OF COMPLAINANT</p> <p><i>Robert Sherez</i> 8/5/2003</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)</p>
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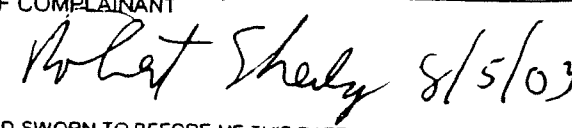
<p>CHARGE OF DISCRIMINATION</p> <p>This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.</p>		<input checked="" type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	12106 37B-A3-00285
<p>Hawaii Civil Rights Commission and EEOC</p> <p><i>State or local Agency, if any</i></p>			
NAME (Indicate Mr., Ms., Mrs.) Mr. Robert W. Sherez		HOME TELEPHONE (Include Area Code) (808) 596-9145	
STREET ADDRESS 715 Pensacola Street, No. 2		CITY, STATE AND ZIP CODE Honolulu, HI 96814	
DATE OF BIRTH			
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)			
NAME State of Hawaii, Department of Education		NUMBER OF EMPLOYEES, MEMBERS 15+	
STREET ADDRESS 46-169 Kamehameha Highway		TELEPHONE (Include Area Code) (808) 233-5700	
CITY, STATE AND ZIP CODE Kaneohe HI 96744		COUNTY 003	
NAME		TELEPHONE (Include Area Code)	
STREET ADDRESS		CITY, STATE AND ZIP CODE	
COUNTY		COUNTY	
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)		DATE DISCRIMINATION TOOK PLACE EARLIEST _____ LATEST 2/28/03 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional space is needed attach extra sheet(s):			

Ms. Sampei, Principal of the McKinley Adult Community School, told me that my class was ending early because attendance was falling off.

III. I believe that I was subjected to unequal terms and conditions of employment and terminated because of my sex, male, and in retaliation for my opposing the sex discrimination. This is in violation of Hawaii Revised Statutes, Chapter 378. My beliefs are based on the following:

- A. During the course of my employment, I was subjected to the following unequal terms and conditions of employment, including but not limited to: in Spring 2002, my tutoring assignment was taken from me; not assigned any more tutoring cases; not allowed to attend the IEP meetings of my student; tutoring hours were decreased per course and I was not informed of this.
- B. After I was taken off the case of my female student, I informed Ms. Soares that this is illegal. She told me that I would be assigned other cases. However, after I opposed the sex discrimination, I did not receive any more new tutoring cases.

Page 2 of 3

<input checked="" type="checkbox"/> I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY - (When necessary for State & loc I swear or affirm that I have read the above ch knowledge, information and belief
I do under penalty of perjury that the following is true and correct	SIGNATURE OF COMPLAINANT 
Date _____ Charging Party (signature) _____	SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)

1 DISC 572

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

AGENCY
☒ FEPA
☒ EEOC

CHARGE NUMBER
 12106
 37B-A3-00285

Hawaii Civil Rights Commission

and EEOC

State or local Agency, if any

N. (Indicate Mr., Ms., Mrs.)

Mr. Robert W. Sherez

HOME TELEPHONE (Include Area Code)

(808) 596-9145

STREET ADDRESS

CITY, STATE AND ZIP CODE

DATE OF BIRTH

715 Pensacola Street, No. 2

Honolulu, HI 96814

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME

NUMBER OF EMPLOYEES, MEMBERS

TELEPHONE (Include Area Code)

State of Hawaii, Department of Education

15+

(808) 233-5700

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

46-169 Kamehameha Highway

Kaneohe HI 96744

003

NAME

TELEPHONE (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

☐ RACE ☐ COLOR ☒ SEX ☐ RELIGION ☐ NATIONAL ORIGIN
☒ RETALIATION ☐ AGE ☐ DISABILITY ☐ OTHER (Specify)

DATE DISCRIMINATION TOOK PLACE
 EARLIEST LATEST
 2/28/03

☐ CONTINUING ACTION

THE PARTICULARS ARE (If additional space is needed attach extra sheet(s):

- C. I also spoke to Sarah Gronah, Vice Principal of Castle High School, Meredith Maeda, Principal of Castle High School, and Marty Matison, Educational Specialist at the Windward District Office. I told each of them that it was illegal to discriminate against me because of my gender.
- D. Not long after my complaining to the Castle Administration about my being discriminated against because of my gender, I was terminated from my teaching position at the McKinley Adult Community School.
- E. Attendance to my class was not falling off.
- F. My job performance was more than satisfactory.

Page 3 of 3

☒ I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - (When necessary for State & loc:

I swear or affirm that I have read the above charge, knowledge, information and belief

1 DISC 573

I swear under penalty of perjury that the following is true and correct

SIGNATURE OF COMPLAINANT

Robert Sherez 8/5/03

Date Charging Party (signature)

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)